

## DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

my residence, post office address and citizenship are as stated below next to my name;

I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**QUERY MONITOR PLAYBACK MECHANISM FOR POST-MORTEM PERFORMANCE ANALYSIS** (Docket No. 8343), the specification of which

☒ is attached hereto.

☐ was filed on \_\_\_\_\_ as Application Serial No. \_\_\_\_\_  
and was amended on \_\_\_\_\_  
(if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the patentability of this application in accordance with Title 37, Code of Federal Regulations, § 1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate or any PCT application having a filing date before that of the application on the basis of which priority is claimed: **None**

Prior Foreign Application(s)			Priority Claimed	
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(Number)	(Country)	(Day/Month/Year Filed)	Yes	No
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I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, § 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application: **None**

(Application Serial Number)	(Filing Date)	(Status) (Patented/Pending/Abandoned)
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And I hereby appoint:

Douglas S. Foote of Dayton, Ohio, Registration No. 31,013, James M. Stover of Dayton, Ohio, Registration No. 32,759, and Paul W. Martin of Dayton, Ohio, Registration No. 34,870, all of whom are attorneys with NCR Corporation, 101 W. Schantz Avenue, Dayton, Ohio 45479; and

George H. Gates of Los Angeles, California, Registration No. 33,500, Victor G. Cooper of Los Angeles, California, Registration No. 39,641, Anthony J. Orlor of Los Angeles, California, Registration No. 41,232, Karen S. Canady of Los Angeles, California, Registration No. 39,927, William J. Wood of Los Angeles, California, Registration No. 42,236, and Jason S. Feldmar of Los Angeles, California, Registration No. 39,187, all of whom are attorneys with the law firm of Gates & Cooper, 6701 Center Drive West, Suite 1050, Los Angeles, California 90045;

as my attorneys with full power of substitution and revocation, to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith. I hereby expressly waive my right to revoke the Power of Attorney granted above.

Address all telephone calls to James M. Stover at telephone number 937/445-7663.  
Address all correspondence to James M. Stover, NCR Corporation, 101 W. Schantz Avenue, ECD-2, Dayton, Ohio 45479.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under § 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

**Post Office Address: Same as above**

**Post Office Address: Same as above****Post Office Address:**